end. A twisting motion removed all pus in the canal and on the tympanum. Then the canal was filled with ether and that ear held uppermost while the ether evaporated. This treatment was given twice daily. In cases of very heavy discharge, the ether treatment was increased to three times daily. Upon the introduction of the ether, there is a transitory stinging which lasts but a few seconds.

The patients vary in age, from 9 months to 45 years. Five cases of wet ears, in post-operative, radical mastoidectomies that had discharged for six months following operation dried up inside of ten days, following the ether treatment.

The points of advantage in using ether are: First, its capacity to penetrate into corners and through very small apertures, as found in granulation tissue areas. Second, does not stimulate granulation tissue. Third, and most important, its rapid solvent action on lipoids, as found in pus and bacteria. No untoward results were noticed in any of the patients treated. Four post-scarlet, early mastoiditis cases were carried through without operation. However, the treatment is not suggested in lieu of operation.

In contagion wards of county hospitals, health office rules require a dry post-scarlet ear before release of the patient, and it can easily be seen that, all other considerations aside, the financial saving to the county by the early release of a large number of patients is considerable.

"Where There Is Darkness There is Disease"—"Printers' ink floods the darkest places with the light of intelligence," writes Dr. Frank Crane. "It is printers' ink that has scared the food fakers. Only at a good round of printers' ink will the vile, carrion flock of unclean birds that fatten on human credulity and ignorance take flight, they that sell plaster of paris for bread, carpenters' glue for candy, and God knows what vileness for fish, flesh, and fowl. Printers' ink has spread right ideas of sanitation, upset old, mildewed superstitions, opened windows, lured people outdoors, flooded fearsome brains with truth, and despairing hearts with hope. It has built hospitals and supports them. It has prevented epidemics, driven hush-mouth authorities to activity in remedial measures of cleansing. It is well enough to give an individual epsom salts or calomel, but what the public needs for what ails it is plenty of printers' ink. The best part of the science of medicine is that part which can be told in plain language so that the common man can understand. Every newspaper ought to have its health department edited by an intelligent physician. What people need to know is the truth about health, about food, and about simple living. The more truth they know the less useless and harmful food they will eat, and the less they will run after religious cure-alls and crazy fads."

Pyelonephritis Complicating Pregnancy After Nephrectomy—John E. Hall, Nashville, Tenn. (Journal A. M. A.), reports the management of a case of pyelonephritis occurring in a woman who became pregnant about one year after he had performed a nephrectomy on her for pyonephrosis of the left kidney. The right kidney was at all times free from infection during her illness from the left-sided pyonephrosis. Attention is called to this fact, so that it may not be supposed that the pyelonephritis developing during pregnancy was due to impairment of the right kidney from infection at the time of this pyonephrosis. The primary focus of infection responsible for the pyelonephritis could not be ascertained. The patient's tonsils were removed shortly after her nephrectomy, and her teeth and accessory sinuses were in perfect condition.

EDITORIALS

THREE YEARS OF THE CORNELL PAY CLINIC

The Cornell Pay Clinic, says its recent report, "has proved a successful demonstration of the possibility of providing good medical service on a self-supporting basis for persons of moderate means. Since these persons constitute the majority of the population, the Cornell Clinic announces itself as 'a demonstration of considerable public importance.'"

The most amazing feature of the expensive report gotten out by these promoters of department-store practice of medicine is that they are apparently proud of the fact that they can successfully compete with private doctors with the "majority of the population."

Their report announces with apparent gusto that, whereas other pay clinics, some of which are enumerated, do serve some poor people free, the Cornell Clinic absolutely refuses charity because it was feared the Clinic would be "swamped by non-paying patients" unless service was "limited to those who could pay its fees." *In other words, this clinic is in the practice of medicine for fees precisely as are private physicians.* They are so cold-blooded about it that they refuse any help to the poor "except in emergencies" and for purposes of "medical education and research." This, of course, gives them a tremendous advantage over the private physician who considers it his duty—and privilege—to render a large amount of free service. It even gives this corporation form of medicine advantages over the Mayo Clinic, the clinic in connection with the Ford Hospital and others they mention, in that all of these do some free work. Cornell claims a large volume of business, with an average of 18,000 new patients a year. The report shows 118,711 visits during 1922, 110,235 during 1923, and 114,705 for 1924. These, according to the report, represent about 90 per cent of those who apply for service; *the other 10 per cent are refused because of inability to pay the fees.* There is another 10 per cent who, although of doubtful financial standing, are accepted.

A Promising Business Venture — Although only in its fourth year of business, this clinic has grown financially from a deficit of $46,000 in 1921 to a self-sustaining basis in 1924, and the indications are for a substantial profit for 1925, unless some of the usual business methods of preventing such showings of profits are utilized. This is an encouraging showing, from a commercial standpoint. It is said to have taken Mr. Gary longer than this to make United States Steel a paying proposition.

Fees—The report gives the average fees paid by patients as $2.24 a visit. As an *average,* such fees ought to make the practice of medicine very profitable, particularly when it is remembered that they render no free service. Less than 20 per cent of the doctors of California—and we suspect of New York as well—*average* as much as $2.24 a visit in the practice of their profession. But, of course, they all

do free work, and most of them a large amount of it, which naturally pulls *their* average down.

Substituting salaries for fees to physicians gives corporation practice of medicine another advantage in their competition with the private fee basis of pay usually employed by the physician who practices as an individual. The Cornell Clinic report shows that they paid $90,770 as medical salaries last year. When this is considered in connection with the 114,705 patient visits, we see that they paid their doctors the bargain-counter figure of seventy-eight and a fraction cents a patient visit. Mind you, these were no "let me see your tongue" visits. Some 10 per cent of them were first visits, with a "thorough physical examination" which required "nearly three-quarters of an hour of the doctor's time," while the others were revisits requiring "ten or fifteen minutes" of the doctor's time. The report shows that the Clinic paid "non-medical salaries" equivalent to well over a dollar per patient visit. Compare that with the 78-cent doctor's fee, and draw your own conclusions. The report's apology for the "flat fee," like all similar apologies, whether emanating from a Detroit hospital, a labor union, or a government bureau, makes illuminating reading.

The various clinic "chiefs" are paid a "flat salary" of $1500 a year, which, according to the report, is for from 268 to 360 hours of their time—at most, $5 per hour. Other doctor employees are divided into two groups—one class is paid $2 an hour, and the other $2.50 an hour. They work in clinic "sessions" of two and one-half hours each, and if the doctor finishes his work in two hours he is permitted to take the other thirty minutes off, presumably on full pay. The Clinic attempts to provide these doctors working for wages all the clerical and technical help they can use, but, says the report, "where the physician is supposed to be giving his time in hospital or clinic without remuneration . . . he can be clerk as well as doctor," because this combination "saves the institution money."

In answering the question of who are their patients, the report says the average wage of the patients is $1800 a year, and that the wage-earners average "somewhat" more than one per family. The report quotes the figures of the Housing Commission of New York, to the effect that two-thirds of the families of the city have incomes under $2500 per year. Therefore, says the report, *"Potential Cornell Clinic patients represent a majority of the population of the city."* If this dream should come true before the inevitable awakening occurs, there would be left to the some 15,000 doctors—many of them Cornell graduates—a clientele of a minority of the people of the city, and *all* of the poor would be in this minority because the Cornell Clinic refuses to serve them, so the personal doctor must do so, as he always has done. Interesting, isn't it? That interest will be intensified by the well-bolstered statement of the Clinic that many of their patients "have had previous medical care without satisfactory results before coming to Cornell." We wonder if the Cornell service is so superior that their shoe might not fit the other foot with equal certainty. The report certainly indicates strongly enough what the Cornell Clinic promoters think of themselves, as compared with their own graduates with whom they are competing, when they say in effect that the great popularity of the Clinic is due to "previous unsatisfactory experiences" of their patients and to the "prominence" of the Clinic doctors, who are "leading members of the medical profession." Considerable space in the report under review is occupied in explaining, by invidious comparisons, how and why the services of the Cornell Clinic "indicate a much higher level of medical efficiency" than do similar figures from other clinics. Some ingenious philosophy and some queer figures are used to support this conclusion, which some readers will extend to a logical conclusion of interesting if not entertaining portent.

To make the claim that because many patients are added to the Clinic's happy clientele because of dissatisfaction with their former doctors is indicative of the Clinic's superior service, is likely to have another side. Surely, there must be some patients—and we suspect there are many—who also became dissatisfied with the Clinic and took their patronage to a clinic competitor. Of course, the ethical doctor works at a disadvantage in this phase of competition because his idea of service does not extend to follow-up letters and personal solicitation to return by paid agents or solicitors of any kind. His contractural relations with his patient are purely personal and wholly voluntary at every stage of the contact.

The authors of this ingenious report appear to get considerable satisfaction out of invidious comparisons of the costs of service to the patient between what they are pleased to term the "commercial rates" of private doctors and their department-store prices. This part of the report reads much like advertisements published for the purpose of increasing trade, and closes with this: "From the financial standpoint, there is no question that the Cornell Clinic is offering a grade of medical service which would be far more expensive to its patients in private offices" . . . and "the family incomes of the Cornell patients are typical of the majority of the families of New York City."

Careful reading of this report of the Cornell Clinic, only a few outstanding features of which have been noted here, leaves the thoughtful reader with a variety of feelings. One is in wonder as to how many of the fifty odd thousand patients who visited the Clinic needed hospital care, including surgical work; what hospitals and what doctors were they sent to? Why? What were the expenses and who paid the bills? The chances for referred work from a large clinic that does no free work and claims the majority of citizens of New York as its legitimate customers ought to be exceedingly great.

The House of Delegates of the American Medical Association has twice disapproved as unnecessary and inadvisable, movements which appear to offer only part of what this clinic offers under similar principles and tending in the same obvious direction.

Are department-store methods and corporation practice of medicine to replace the personal service of the doctor to the patient who chooses him? We wonder. If the policies and practices of the Cornell

Clinic are sound, then many other varieties of big business medicine are sound and in the best interests of the public health. None of these activities can be considered to be local. Attempts to start Cornell Clinics have already been seen in California and presumably elsewhere. If the Cornell Clinic is the best method of caring for thousands of pay patients of New York City annually, then the principle should be extended to all classes of people throughout the country. If it is unsound, unwholesome and unwise, then physicians should say so now, and say so in no unmistakable terms.

HOSPITALS AND THE CULTISTS

Certain groups of inadequately educated "healers," acting under the protective constitutional cloak of religious liberty, have succeeded thus far in having themselves widely admitted to be "above the laws" regulating the practice of the healing art. Certain other groups of ignorant or inadequately educated healers have succeeded in California and certain other places in having the laws so modified as to allow them to license themselves to practice medicine and otherwise assume the responsibilities once the sole prerogative of specially educated professional men and women. These "doctors above the law" and "doctors by law," instead of by education, are now active in further efforts to get control of health services by invading hospitals, laboratories, public health services, clinics, etc., again using politics, legislation and law, instead of education, as the weapons for their offensive. They apparently do not wish their own hospitals for their own purposes, *because there is no objection to this,* and it seems fair to assume they are afraid of the consequences of full responsibility that operating their own hospitals would entail. They want to crowd themselves into hospitals operated for and by educated physicians, and force—by law and politics—these educated physicians to work with them as "fellow practitioners." In a word, they want the safe cloak of intelligence to produce the shadows they require to "get away" with the consequences of their ignorance.

These "sciosophists," as Doctor David Starr Jordan has grouped them in BETTER HEALTH MAGAZINE, find their best opportunities to destroy hospitals as agencies of scientific medicine among those operated by government and in the miscalled "community hospitals," better named "political hospitals."

These are the weakest links in the hospital chain. Of the some forty county and municipal hospitals in California, less than ten are even considered important enough to list. It is exceedingly doubtful if the "sciosophists" could make poorer excuses for hospitals out of most of them than they now are, and the inevitable reaction that must come before the hospitalization of the poor is upon even a decent basis might be hastened by turning the majority of county hospitals over to the "sciosophists" *exclusively.* Such action cannot, of course, be recommended, but if it occurs, as has already happened in part in a few instances, what is now a perpetual disgrace might become a tragedy of such magnitude as to jar public opinion from its complacency and too obvious indifference.

Of the small minority of acceptably operated county hospitals, "sciosophistic" efforts to burrow in must certainly be resisted. They are making a lot of noise on the cellar doors of—for example—the San Francisco and Los Angeles county hospitals. In the latter they have already secured "rights and privileges" that have placed the standing of that great hospital in jeopardy as an approved agency of scientific medicine and better health. Some of the other county hospitals are even less fortunate.

A most interesting situation is just developing in Santa Barbara county, where steps have been taken to build at Santa Maria a branch of the existing county hospital, and this branch hospital is to be "wide open"; which means that it will be, except in emergencies, an exclusively cult hospital supported by public funds. Of the misnamed "community" hospitals, the stories of efforts at Riverside and Long Beach, now familiar to readers of hospital literature everywhere, ought to prove more effective than has been the case in checking efforts to extend the application of this stupid idea. The shock troops of "sciosophy" are collecting about some of the State government and even National government hospitals, waiting and watching for an unguarded entrance. But by far the most tragic incident that has happened was the *repudiation* by plebiscite of the terms of acceptance of the gift of a memorial hospital by Colonel Simon J. Murphy to the people of Whittier. The story of this debacle has been so often and widely told that it needs no repetition here.

Fortunately, the great majority of hospitals are still in full control of intelligent persons and groups, who are not even tainted with "sciosophy" and are not likely to be. These include the more than half of all hospital beds operated by the Sisterhoods of the Catholic church; most, but not all, of those operated by other church organizations; most of those operated by philanthropic groups of one sort or another; practically all those operated by physicians; and the majority of those conducted by corporations and business organizations. Fortunately, also, the law gives to hospital directors and trustees *absolute authority to decide who may and may not have the privilege of practicing in their institutions.*

This is the most effective bloc that the "sciosophists" have to face in their campaign for hospital control. But they do not consider it hopeless and are working along three lines to overcome it. One sustained effort is to gradually change the controlling personnel to one more friendly. Another is to encourage any and all movements calculated to extend political regulation of hospitals; and another is to promote actively the "community hospital idea." The "sciosophists" know their political power and if they can get government supervision extended, or get hospitals to use in some way—any way—public funds, they believe their chances will be better—and they would be. One of the most interesting of these movements is the sustained effort to have hospitals declared *"public utilities"* and regulated accordingly. We took a long step in this direction when the present, in certain respects commendable, Department of Public Welfare Law was passed by the last Legislature, with jokers in it calculated to